

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | VT       | 69607  | 6/20/00  |
| O.I.P.E. CLASSIFIER       | RSD      |        | 6/25/00  |
| FORMALITY REVIEW          | SM       | 827    | 08-04-00 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | 11       |      |
| 2     | ✓     | 14       |      |
| 3     | ✓     | 5        |      |
| 4     | ✓     | 30       |      |
| 5     | ✓     | 8        |      |
| 6     | ✓     | 02       |      |
| 7     | ✓     | 03       |      |
| 8     | ✓     | 04       |      |
| 9     | ✓     |          |      |
| 10    | ✓     |          |      |
| 11    | ✓     |          |      |
| 12    | ✓     |          |      |
| 13    | ✓     |          |      |
| 14    | ✓     |          |      |
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| 16    | ✓     |          |      |
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If more than 150 claims or 10 actions  
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Best Available Copy